MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

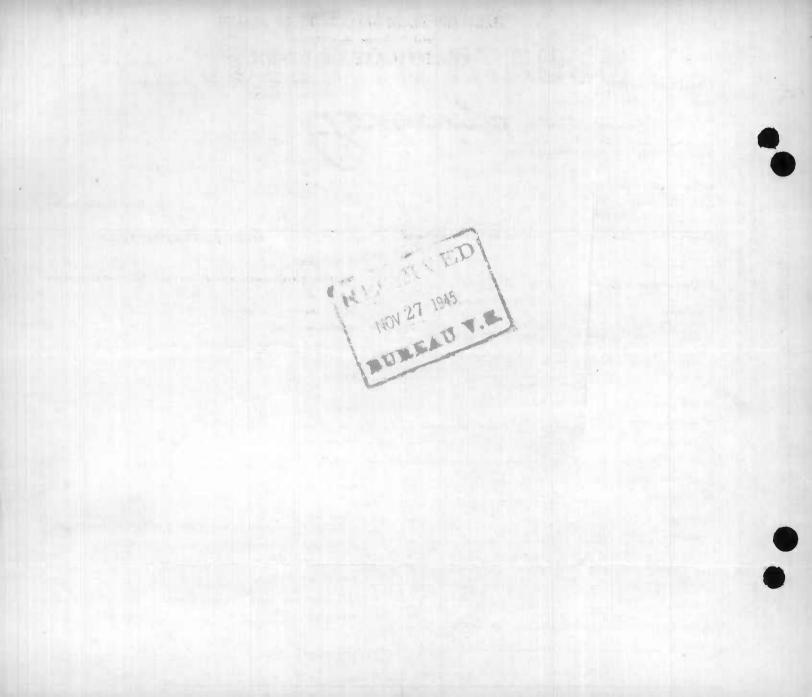
D DI.	N.T	2	8	~
Reg. Dist.	No.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give reaidence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Church
	City or town daw Que
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Tu. Manie.	Simplified Control Control
M. W. Married	2D. DATE DF DEATH. 20 19.55 st
6.(b) Name of husband or wife Minnie Wheeler Use	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
AC.	756 mary 194/10 Mov. 20 1941
7. Birth date of	years and that I last saw h Lea ally on Unit 1) 18 4 5
deceased (mo., day, yr.) Col. 8 de 1865	Immediate cause of death COT That afy DURATION
8. AGE: Years Months Days If less than one day	7
80 / 12hrs.	min.
(2)	(1) Teal (0) = (5) 100 -
9. Birthplace(Town, county, and state)	Due to. CONTEST OF CONTEST
2	
10. Usual occupation.	Due to
11. Industry or business	
E 12 Name Piles J. Qack	Other conditions TTY / EP/ Tun + a
k)_ 0	Office Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. State of the s	Major findings of operations
W 15 Richniage	
Mid Oro h	Date of op.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Visitors me	
" Brief Slow 23 M	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Kull 2	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Called Calls	Means of Injury Injured at work?
G 7 . 7 . 1	X 75-1 14 1
Address Steel nd	23 SIGNATURE/ SUST GLAZIZA M.O
11-21- 45- hhh	M. D. or other
(Date rec'd by registrar) Regis	Strar Address Ch EEn MANT Mahate signed 1/120/4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 NS

PLEASE



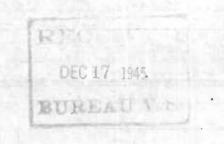
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

11312 251

1. PLACE OF DEATH: Regularill	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County States Crack
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
nospial, institution, of Street address where death occurred.	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Masseus Tempellon Coppas	e. (0) Bottal Betuing Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of diverced	MEDICAL CERTIFICATION
1- W widow	20. DATE DE DEATH. 7/4/25 19 45 at / A
6.(b) Name of husband or wife Charles & Cuppon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	July 1045, 10 1/4 28 1045
7. Birth date of deceased (mo., day, yr.) Tell 6 185-3	and the last faw have alive on full and the last faw have alive on 19.45
8. AGE: Years Months Days If less than one day 92 4 22	Immediate charact death de Huyarlege DURATION
8. 8irthplace	Due to Cellul arling of class
10. Usual occupation.	Due to Cy My oc siells
11. Industry or business	
12. Name W B. Jones 2 13. Birthplace	Other conditions.
14. Maiden name Marrent Heritage 15. Birthplace Penn.	(Include pregnancy within 8 months of death) Major findings of operations.
E 15. Birthplace Penn.	Date of op.
18. Informant Lattie Seles	Antopsy results
Address And will all	22. VIOLENCE: If death was due to external causes, fill in the foilowing;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sudlersville	Where did Injury occur? (City or town) (County) (State)
Location Sualersville Cen.	Injured at home, farm, industry, public place (where?)
18. Funeral director A. Cagar L. Lane	Means of Injury Injured at work?
Address Church Tfill Ind.	@ NUlstoullo
19. nov. 30 19 45 Elgand. Jane (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Full Part III Date signed 1/29/4/3



PLEASE WRITE PLAINLY, WITH UNF is especially important.

1. PLACE DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

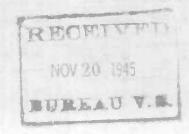
2411 N. Charles St., Baltimore



2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

City or town(If outside city or town limits, write RURAL and givo nearest town)	State Many Land County Quant County City or town (If became city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If becarde city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mathan Drap	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mele while widowed	20. OATE OF DEATH 4 19 44 21 1 1 9
6, (b) Name of husband or wife Mary Exhith Pinder	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
7. Birth date of deceased (mo., day, yr.) March - ? - / 874	and that I tast saw h alive on 19 4
8. AGE: Years Months Cays If less than one day	Immediate cause of death
71 8hrsmin.	Mule Dillore
9. Birtholace Do hat here.	Due to. T. Check the second
(Town, county, and state)	
10. Usual occupation Astrical Restress farming	Due to
11. Industry or business	
12. Name Oliver Draper	Other conditions
13. Birthplace loset know	
	(Include pregnancy within 3 months of death)
14. Malden name. Warguet Berry 15. Birthplace Don't Rena	Major fiadings of operations.
El. 15. Birthplace	- Oate of op.
16. Informant Mus Mary Haspert	Autopsy results
Address Queenstown Manyland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Chester Sice	
Cemetery or crematory	Where did injury occur?
Location Centrevelle Maryland	Injured at home, farm, industry, public place (where?)
Barton Ben	Means of Injury Injured at work?
18. Funeral director	1 1 100
Address Centrevelle, Maryland.	as closed to the source of
Mod 16 45 Tele maledida	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed (1-/3-4)



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (83-2) CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The co How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME otus 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced tem of i FOR BINDING ADING INK. Supply every item Physicians: please write the caus B.(b) Name of husband or wite.. B.(c) if alive give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months, If less than one day MARGIN RESERVED 52 9. Birthplace...... (Town, county, and atate) 10. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace important. 14. Maiden na 15. Birthplace 14. Maiden name especially 16. Informani WRITE PLAIND is especia Address (Burial, cremation, or remov (month) (day) (year Cemetery or cremator Location PLEASE 18. Funeral director Address (Date rec'd by registrar) Registrar Address)

M. D. or other

....Date signed

2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	
beau Ba	La que ana
(If outside city or town limits	, write RURAL and give nearest town)
Streef No(If rural, givu	LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE DF DEATH 7/ DI	8 1945 31/305
21. I CESTIFY that death occurred on the date abo	re stated; that I attended deceased from
	14, 10 1/4/8 19 40
	U. 05 8 19 45
Immediatu cause ul death	y ovelage DURATION
Due to Circles Oslis	4 Schma 2 mg
Due to	***************************************
Dther conditions	
(Include pregnancy within 3 n	onths of death)
Major lindings ol operations.	
***************************************	Date of op
Autopsy results	
22. VIOLENCE: If death was due to external cause	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wh	ere?)
Means of Injury	injured at work?
23. SIGNATURE ON White	celle

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MARYLAND STATE DEPARTMENT OF HEALTH

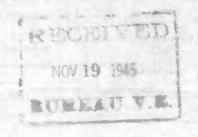
2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

11315 252 Reg. Dist. No. 252

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Counfy	(For newborn infants give residence of mother)
City or fown	StafeCounty
All and the second seco	City or towe (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	
	2.(a) If veteran, name war.
3. (d) FULL NAME	2athorn 3. (b) Social Security Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	
4. John of face of the face of	MEDICAL CERTIFICATION
2 mores	20. DATE OF DEATH.
6.(b) Name of husband or wife. A Muchan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Halive, give age years	18 10 NO-0 11 1845
7. Birth dafe of	and that I last saw h. 27 alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
91 2 /hrs,mia,	1 water
B. Birthplace Saux Wheren, Inc.	Due fo.
B. Birmpiace	
10. Usual occupation	Due to Wynul Oa
11. Industry or business	
E 12 Name Us - C, Scherouse	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
主 14. Malden name	Major findings of operations.
14. Malden name	Dafe of op.
my Culius leplan	
of the same	Autopsy results
Address Commondat Commondate Comm	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Dafe thereot (month) (day) (year)	Accident, suicide, or homicide
10 78 11/2 The	
Cemsfery or crematory	Where did injury occur? (City or town) (County) (State)
Location South Whilley Indina	Injured at home, tarm, industry, public place (where?)
18. Funeral director Algley & Land	Means of Injury Injured at work?
Address Of the Kell	Its hards
11 12 - 11 - 80 - 1	23. SIGNATURE
19.//—/ &	19 Links o = 1400 11017. VI
(Date rec u by registrar) Registrar	Address Date signed Date signed

STATE OF DEATH



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MARYLAND STATE DEPARTMENT OF HEALTH

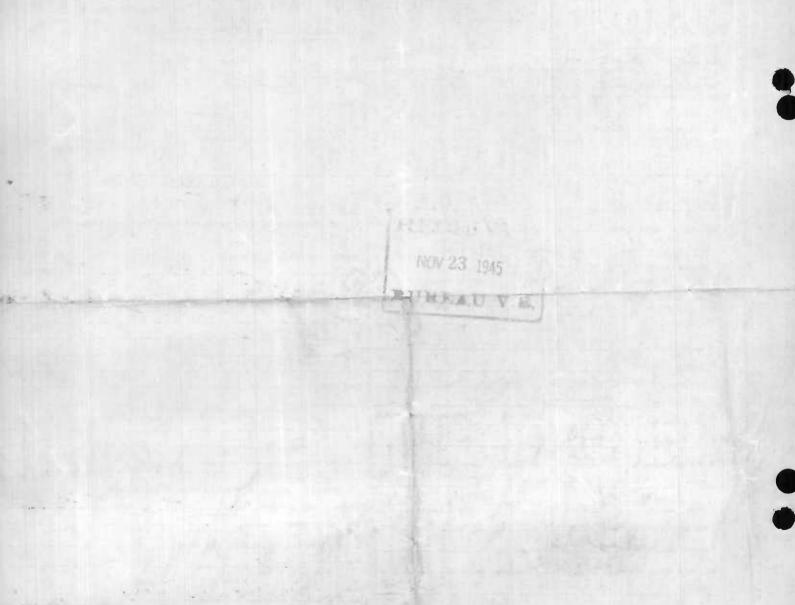
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11316 213

	Avg. Viat. 170 millionium
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or raco 8. (a) Single (parried, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Jule But mile	20. DATE OF DEATH. COS 2 7 1945 at 10 fm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 10. 27 19.45 and that I last saw h. A. Mailyo on
8. AGE: Years Months Bays If iss than one day hrs. min. 9. Birthplace (Town, county, and atato)	Immediate cause of death Duration Due to. Duration D
11. Industry or business 12. Name	Diher conditions (Include pregnancy within 3 months of death)
14. Malden name Warrow Stevens Musical . 15. Birthplace Stevens Musical . 16. Informant Marrion Musical . Address Warrow Ville Und	Major findings of operations
17. Buriod Bate thereof The Tark A 3 19 44' (Burial, eremation, or removal, Whiehi) Cemetery or cromatory Batta week	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Stevenwelle (rural) 18. Funeral director 4. C. Floomas Address Stevensville rud F. C. Floomas	Means of Injury Injured at work? 23. SIGNATURE. M. D. orgother
(Date fee'd by registrar) (Date fee'd by registrar)	Home Hereus Mele and Bate algored 11/22/43

STATES OF THE PERSON WAS BUILDED. NOV 30 1985



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

11318

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
near Queenteron	State Many loyer & County Queen Course
(If outside city or town limits, write ROKAL and give nearest town)	City or town Chester
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital mentation, of street against white goals seeming.	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
William Halton Le	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
mel white widowed	2D. DATE DE DEATH NOW 25. 27 1945 al 1045
6.(6) Name of husband or wife. La M. Thompson	21. I CERTIFY Ihal death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	19
7. Birth date of deceased (mo., day, yr.) Caugust 10 - 1865	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediato cause of death DURATION
80 3 /3hrsmin.	Head in - here tweet rel
9. Birthplace Steam ill. Roles Mary land	Que to Fractice & both logo whome time
	Fruitere & of Cost of
10. Usual occupation	Due to.
11. industry or business	
12. Name William Hallon King q	Dther conditions
m Roless Himes	(Include pregnancy within 3 months of deeth)
14. Maiden name 14. Maiden name 15. Maiden name 16. Maiden namh 16. Maiden name 16. Maiden name 16. Maiden name 16. Maiden nam	Major findings of operations.
15. Birthplace Kent Jts. 2.9 Co, Md.	Date of op.
16. Informant Oscar M. Algg	Antopsy results
Address Stevensville. Maryland	PHYSICIAN: Please undertine the cause to which death should be charged statistically.
17 Pouries Date thereof Mov. 25-45	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (yeer)	Accident, suicide, or homicide. accident
Cemetery or crematory. Stevenselle	Where did injury occur? (City or town) (County) (State)
Location Stevensville Maryland	Injured al home, farm, Industry, public place (where?)
18. Funeral director Berton Burn	Means of injury entry accesses injured at work?
Address Centreville Mary land	1.51 7 ;
AUDIESS CONCESSION OF THE PROPERTY OF THE PROP	23. SIGNATURE Nationary Traker De
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Centreville Mile Date signed // Inthink

LOC. Repetrar Address Contreville M.



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

1	1:	31:	,		
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2	P31 .	9.1	-	7	-5

	Keg. Diat. No
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3. (a) FULL NAME That I have	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH FOUND NOV Z 1945 21 4 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
14. Malden name 15. Birthplace 16. Informant Address 17. (Burial, eremation, or removal, Which?) Cemetery or crematory. Stevensky Company (year) Location 18. Funeral director Address 19. Address 19. Address 19. Address 19. Address 19. Address Registrar Registrar	Major findings of operations

